

EXHIBIT “A”

Case 1:09-cv-00212-CCC
165 LAWRENCE BELL DRIVE, STE 100
PO BOX 9027
WILLIAMSVILLE, NY 14231-9027

Document 1-2

Filed 02/02/2009

Page 2 of 9

NAFES
National Action Financial Services, Inc.

1-877-829-7982 1-716-565-1020

Fax 716-650-6268

FORWARDING SERVICE REQUESTED



Previous Creditor: HSBC BANK NEVADA NATIONAL ASSOCIATION

Current Creditor: LVNV FUNDING LLC

Account Number: 7001062004276899

Balance: \$2963.20

NOV 12 2008

56387819

150
*A-02-DEL-AM-02671



SANDRA QUACKENBUSH
210 HICKORY CT
HAMILTON IL 62341-1105



13

NATIONAL ACTION FINANCIAL SERVICES
PO BOX 9027
WILLIAMSVILLE NY 14231-9027



Please check box if above address is incorrect
and indicate change(s) on reverse.

▼ Please detach and return top portion with your payment ▼

DEAR SANDRA QUACKENBUSH:

LVNV FUNDING LLC HAS PURCHASED THE ABOVE REFERENCED ACCOUNT FROM THE ABOVE REFERENCED PREVIOUS CREDITOR. LVNV FUNDING LLC HAS PLACED YOUR ACCOUNT WITH THIS AGENCY FOR COLLECTION. LVNV FUNDING LLC HAS ADVISED US THAT INTEREST WILL CONTINUE TO ACCRUE ON YOUR ACCOUNT AS PROVIDED FOR IN YOUR AGREEMENT WITH THE ORIGINAL CREDIT GRANTOR.

AS OF THE DATE OF THIS LETTER YOU OWE \$2963.20. BECAUSE OF INTEREST, LATE CHARGES, AND OTHER CHARGES THAT MAY VARY FROM DAY TO DAY, THE AMOUNT DUE ON THE DAY YOU PAY MAY BE GREATER. HENCE, IF YOU PAY THE AMOUNT SHOWN ABOVE, AN ADJUSTMENT MAY BE NECESSARY AFTER WE RECEIVE YOUR CHECK, IN WHICH EVENT WE WILL INFORM YOU BEFORE DEPOSITING THE CHECK FOR COLLECTION. FOR FURTHER INFORMATION, WRITE THE UNDERSIGNED OR CALL 1-877-829-7982.

WE RECOGNIZE YOU MAY HAVE EXPERIENCED DIFFICULT CIRCUMSTANCES THAT PREVENTED YOU FROM REPAYING THIS OBLIGATION AS ORIGINALLY AGREED. PLEASE REMIT THE ENTIRE BALANCE DUE TO OUR OFFICE USING THE RETURN ENVELOPE PROVIDED. IF YOU HAVE ANY QUESTIONS OR WISH TO DISCUSS YOUR ACCOUNT WITH ONE OF OUR REPRESENTATIVES, PLEASE CALL OUR TOLL-FREE NUMBER AT 1-877-829-7982.

NATIONAL ACTION FINANCIAL SERVICES, INC.

THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. THIS IS A COMMUNICATION FROM A DEBT COLLECTOR.

UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THE DEBT OR ANY PORTION THEREOF, OUR OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS FROM RECEIVING THIS NOTICE THAT YOU DISPUTE THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. UPON YOUR WRITTEN REQUEST WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE, THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

NATIONAL ACTION FINANCIAL SERVICES, INC., 165 LAWRENCE BELL DRIVE, STE 100, P.O. BOX 9027, WILLIAMSVILLE, NY 14231-9027.

FOR PROBLEMS RELATING TO THE HANDLING OF THIS ACCOUNT YOU MAY CONTACT OUR COMPLIANCE DEPARTMENT AT 1-800-847-9106.

EXHIBIT “B”



11102849

Forwarding and address correction requested

SHSF1

MERCANTILE
Innovative Solutions, Exceptional Results

ACCOUNT NUMBER 7001062004276899	REFERENCE NUMBER 11102849
AMOUNT ENCLOSED \$	

MAKE CHECK PAYABLE TO:

1379



SANDRA QUACKENBUSH
210 HICKORY CT
HAMILTON, IL 62341-1105

Mercantile Adjustment Bureau, LLC

P.O. Box 9016
Williamsville, NY 14231-9016
OR

Secure online payment can be made at:
<http://www.mercantilewebpymt.com>
Pass Phrase: 22130

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Mercantile Adjustment Bureau, LLC
PO Box 9016
Williamsville, NY 14231-9016

ACCOUNT NO. 7001062004276899
REFERENCE NO. 11102849

SANDRA QUACKENBUSH
210 HICKORY CT
HAMILTON, IL 62341-1105

11-17-08
Prev Creditor: HSBC BANK NEVADA NATIONAL
Current Creditor: Resurgent Capital Services
AMOUNT DUE: \$2980.79

Resurgent Capital Services has purchased the above referenced account from the above referenced Previous Creditor. Resurgent placed your account with this office for collection. Resurgent has advised us that interest will continue to accrue on your account as provided for in your agreement with the original credit grantor.

Please be advised that our client has authorized us to offer you a substantial savings to settle this account. We will accept \$1967.32 if payment is received by 12-29-08. Contact our office for more information.

Respectfully,

Mr Sherman

Mr Sherman
Mercantile Adjustment Bureau, LLC
P.O. Box 9016
Williamsville, NY 14231
1-866-716-1545

THERE WILL BE A \$20.00 FEE ADDED ON ALL RETURNED CHECKS.

**THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT.
ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

EXHIBIT “C”

November 24, 2008

Sandra Quackenbush
210 Hickory Court
Hamilton, IL 62341

Mercantile Adjustment Bureau LLC
PO Box 9016
Williamsville, NY 14231-9016

Dear Mercantile Adjustment Bureau LLC,

I am writing in response to your letter dated November 17, 2008, (copy enclosed) because I do not believe I owe what you say I owe.

This is the first I've heard from you, or any other company on this matter therefore, in accordance with the Fair Debt Collection Practices Act, Section 809

(b): Validating Debts:

(b) If the consumer notifies the debt collector in writing within the thirty-day period described in subsection (a) that the debt, or any portion thereof, is disputed, or that the consumer requests the name and address of the original creditor, the debt collector shall cease collection of the debt, or any disputed portion thereof, until the debt collector obtains verification of the debt or any copy of a judgment, or the name and address of the original creditor, and a copy of such verification or judgment, or name and address of the original creditor, is mailed to the consumer by the debt collector.

I respectfully request that you provide me with the following information:

- (1) The amount of the original debt and the date it was sent to collections;
- (2) The name of the creditor to whom the original debt was owed;
- (3) Provide a verification or copy of any judgment (if applicable);
- (4) Proof that you are licensed to collect debts in Illinois;
- (5) The documents regarding any payments made on this account validating this amount

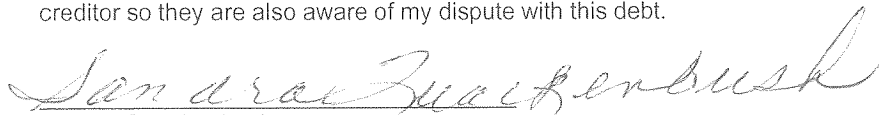
Be advised that I am fully aware of my rights under the Fair Debt Collection Practices Act and the Fair Credit Reporting Act. For instance, I know that:

- Because I have disputed this debt in writing within 30 days of receipt of your dunning notice, you must obtain verification of the debt or a copy of the judgment against me and mail these items to me at your expense;
- You cannot add interest or fees except those allowed by the original contract or state law.
- You do not have to respond to this dispute but if you do, any attempt to collect this debt without validating it, violates the FDCPA;

Also be advised that I am keeping very accurate records of all correspondence from you and your company including recording all phone calls and I will not hesitate to report violations of the law to my State Attorney General, the Federal Trade Commission and the Better Business Bureau.

I have disputed this debt; therefore, until validated you know your information concerning this debt is inaccurate. Thus, if you have already reported this debt to any credit-reporting agency (CRA) or Credit Bureau (CB) then, you must immediately inform them of my dispute with this debt. Reporting information that you know to be inaccurate, or failing to report information correctly violates the Fair Credit Reporting Act § 1681s-2. Should you pursue a judgment without validating this debt, I will inform the judge and request the case be dismissed based on your failure to comply with the FDCPA.

Finally, if you do not own this debt, I demand that you immediately send a copy of this dispute letter to the original creditor so they are also aware of my dispute with this debt.


Sandra Quackenbush

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE
 BUFFALO NY 14231

Postage	\$	\$0.42	0805 06 Postmark Here 11/26/2008
Certified Fee		\$2.70	
Return Receipt Fee (Endorsement Required)		\$2.20	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.32	

Sent To: Mercantile
 Street, Apt. No. or PO Box No.: P.O. Box 9016
 City, State, ZIP+4: Williamsville NY 14231

PS Form 3800, August 2006

7007 1490 0001 6394 2849

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE
 BUFFALO NY 14231

Postage	\$	\$0.42	0805 06 Postmark Here 11/26/2008
Certified Fee		\$2.70	
Return Receipt Fee (Endorsement Required)		\$2.20	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.32	

Sent To: NAFS
 Street, Apt. No. or PO Box No.: 115 LAWRENCE BELL DR STE 100
 City, State, ZIP+4: Williamsville NY 14231

PS Form 3800, August 2006

7007 1490 0001 6394 3013

EXHIBIT “D”

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>NAFS 165 Lawrence Bell Dr Ste 100 PO Box 9027 Williamsville, NY 14231-9027</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7007 1490 0001 6394 3013</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mercantile P.O. Box 9016 Williamsville NY 14231-9016</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7007 1490 0001 6394 2849</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
BUFFALO NY 14231			
Postage	\$ 0.42	0805	Postmark Here
Certified Fee	\$ 2.70	06	
Return Receipt Fee (Endorsement Required)	\$ 2.20		
Restricted Delivery Fee (Endorsement Required)	\$ 0.00		
Total Postage & Fees	\$ 5.32	11/26/2008	
Sent To			
Mercantile			
Street, Apt. No., or PO Box No. P.O. Box 9016			

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
BUFFALO NY 14231			
Postage	\$ 0.42	0805	Postmark Here
Certified Fee	\$ 2.70	06	
Return Receipt Fee (Endorsement Required)	\$ 2.20		
Restricted Delivery Fee (Endorsement Required)	\$ 0.00		
Total Postage & Fees	\$ 5.32	11/26/2008	
Sent To			
NAFS			
Street, Apt. No., or PO Box No. 165 LAWRENCE BELL DR STE 100			